

# Pain & Policy Studies Group • International Pain Policy Fellowship



GUATEMALA

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**Fellow 2008-2012**

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For further information on Guatemala:

<http://www.painpolicy.wisc.edu/country/profile/guatemala>

## **BACKGROUND:**

Dr. Duarte faced daunting odds in Guatemala where poverty, political instability, corruption and bureaucracy were common challenges. These were coupled with overly restrictive laws and regulations governing opioid use. While dependence syndrome is not a significant problem among Guatemalans, according to Dr. Duarte, the country was plagued by powerful drug cartels, and the violence and corruption they produce. This context poses challenges to improving the medical use of controlled substances, such as morphine.

For example, the law requires that patients who are prescribed opioids for more than 8 days must go, in person or represented by a family member or a caregiver, to a Ministry of Health (MoH) office to have a file opened with his/her name and receive an identification card with a registered number that identifies the patient as an opioid user. With every new prescription, the patient, or a family member or caregiver, must go back to the MoH to get each prescription stamped, presenting the identification card. After receiving the stamp, which is official approval of the prescription, the patient or his/her representative, goes to a pharmacy that can dispense the opioid only after the patient has shown the stamped and sealed prescription.

Furthermore when she began her fellowship, Dr. Duarte identified the problem that inexpensive morphine was hard to come by—available only in injectable form and only for patients who were hospitalized.

## **FELLOWSHIP SUCCESSES:**

In 2008, with the cooperation of the Vice-Minister of Health and the Secretary of the Ministry of Finance, Dr. Duarte and colleagues succeeded in getting oral morphine, hydromorphone, and methadone onto the national list of products that are authorized for marketing. Despite being registered in 2008, it was not until January 2012, that a local pharmaceutical company obtained a license from the competent national authority to manufacture immediate-release oral morphine and the first capsule was made available at the national reference hospital for cancer beginning in February 2012. Dr. Duarte was the first to write a prescription in Guatemala. Additionally, a national expert team, in cooperation with the Pan American Health Organization, worked with a local pharmaceutical company to register immediate-release morphine tablets. The tablets will be available in 2016 after undergoing stability trials.

## **ONGOING PROGRESS:**

As new opioid analgesic formulations are made available in Guatemala, the important process of educating and training physicians about how to safely prescribe opioids to treat pain was initiated in February 2012, with Dr. Duarte's implementation of a new Postgraduate Study Course in palliative care at the university level that consists of over 300 hours of training over 9 months. From 2012 to 2014, more than 100 physicians completed the postgraduate course. Advocacy for a Master's Degree in Palliative Care is underway.

In 2012, Dr. Duarte was selected to participate in the Leadership Development Initiative program for emerging physician leaders from low- and middle-income countries around the world. In 2013, she became the President of the newly-formed Guatemala Association of Palliative Medicine. Beginning in 2014, palliative care was provided free of cost at the National Cancer Institute (INCAN) to every cancer patient referred from a public hospital. As of 2015, three new palliative care units had opened in Guatemala City and a hospice for pediatric cancer patients opened in 2015.

Another important development in 2013 was the formation of a research alliance among INCAN, the MoH, WHO, and the Universidad San Carlos Guatemala, whose first project was, "Situation Analysis of Palliative Care in Guatemala and Policy Proposals." Dr. Duarte was one of the three principle investigators.

### CHALLENGES AND FUTURE NEEDS:

Despite significant progress in improving the availability of oral morphine and expanding palliative care training, many challenges remain in Guatemala. Human Rights Watch reported in 2012 that palliative care and opioid availability were very limited in Guatemala, despite the fact that over 10,000 people die of cancer or HIV/AIDS each year, many experiencing severe pain. Human Rights Watch reported that Guatemala continues to have some of the most restrictive regulations governing opioids for medical purposes in the world, effectively denying access to essential pain medicines to thousands of patients each year.

### PUBLICATIONS:

- Human Rights Watch. World Report 2013: Guatemala <http://www.hrw.org/world-report/2013/country-chapters/guatemala?page=2>



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